

Jordan Thorsager Scholarship Application Form

Personal details

First Name _____

Last Name _____

AG Number _____

Year Group _____

Mobile _____

Criteria

Please list any issues outside of school that are impacting your studies.

- Do you and/or your family experience financial hardship? Yes No (please circle)

How would others describe your behaviour and attitude?

Do you usually participate in outdoor activities and/or sport? Please list which below.

- The College will check your attendance – it must be over 90%
- You must be on track to achieve your WACE

Signature:

Date: